

**Consent for Release of Information**

TO: Social Security Administration

Name

Date of Birth

Social Security Number

I authorize the Social Security Administration to release information or records about me to:

NAME

ADDRESS

I want this information released because:

(There may be a charge for releasing information.)

Please release the following information:

- ☐ Social Security Number
- ☐ Identifying information (includes date and place of birth, parents' names)
- ☐ Monthly Social Security benefit amount
- ☐ Monthly Supplemental Security Income payment amount
- ☐ Information about benefits/payments I received from \_\_\_\_\_ to \_\_\_\_\_
- ☐ Information about my Medicare claim/coverage from \_\_\_\_\_ to \_\_\_\_\_  
(specify) \_\_\_\_\_
- ☐ Medical records
- ☐ Record(s) from my file (specify) \_\_\_\_\_
- ☐ Other (specify) \_\_\_\_\_

I am the individual to whom the information/record applies or that person's parent (if a minor) or legal guardian. I know that if I make any representation which I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both.

Signature: \_\_\_\_\_

(Show signatures, names, and addresses of two people if signed by mark.)

Date: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Social Security Administration**  
**Consent for Release of Information**

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Please read these instructions carefully before completing this form.

**When To Use  
This Form**

Complete this form only if you want the Social Security Administration to give information or records about you to an individual or group (for example, a doctor, or an insurance company).

Natural or adoptive parents or a legal guardian, acting on behalf of a minor, who want us to release the minor's:

- o nonmedical records, should use this form.
- o medical records, should not use this form, but should contact us.

Note: Do not use this form to request information about your earnings or employment history. To do this, complete Form SSA-7050-F3. You can get this form at any Social Security office.

**How To  
Complete  
This Form**

This consent form must be completed and signed only by:

- o the person to whom the information or record applies, or
- o the parent or legal guardian of a minor to whom the nonmedical information applies, or
- o the legal guardian of a legally incompetent adult to whom the information applies.

To complete this form:

- o Fill in the name, date of birth, and social security number of the person to whom the information applies.
- o Fill in the name and address of the individual or group to which we will send the information.
- o Fill in the reason you are requesting the information.
- o Check the type(s) of information you want us to release.
- o Sign and date the form. If you are not the person whose record we will release, please state your relationship to that person.